TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAIN

V. S. No. 1

CTATE	OF	MADW	ANID	CEDTIE	CATE	OF	DEATI
SIAIL	OF	MARYL	AND-	CERTIFI	CAIL	OF	DEATE

0	A	4	10,
0	4	1	1

1. PLACE OF DEATH	9)
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Serve E. Older (a) Residence: No. Residence of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Yeers Months Days If LESS than 1 dey,hrs. orhrs.	22. I HEREBY CERTIFY, That I attended deceased from 193 Lo, to Long Lac., 193 Lo 1 last saw h Lo alive on Local
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end spant in this year) occupation	Mospinglough
12. BIRTHPLACE (city or town) (State or country) 13. NAME (Pollows - Colored)	Other Centributery Causes of Importance:
14. BIRTHPLACE (city or town) (State or country) Mary Liver)	Name of operation Date of Date of What test confirmed diagnosis? Was there en eulopsy?
15. MAIDEN NAME Burne Survey 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Pulliage A Colory (Address)	23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date 19. 18. 19.36	Menner of injury Nature of Injury
19. UNDERTAKER CARRIED CONTROL (Address) 20. FILED LUA 16, 1930 JE Wonden	24. Was disease or injury in eny way related to occupation of deceased? If so, specify Affair A San Son M. C. (Signed) M. C.
Deply Regignar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related cans	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	OCD 7 10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	- V & 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Peritonitis	3 days ago
Other contributory causes Gallstones	of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
				Nentervie

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 84	18
1. PLACE OF DEATH	(210-7)	
County Montgomery County	Sospetal Registration Dist. No. 2/7	
Village or City Oliver, mid	NDSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and numb	
2. FULL NAME Mus. Eurice ather	If U. S. Veteran, specify WAR	
(a) Residence: No. Burtonsvelle, ma	St. Ward.	*******
(Usual place of abode)	If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	3 6 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Other	22. I HEREBY CERTIFY, That I attended dece	ased from
6. DATE OF BIRTH (month, day, and year) august 11, 1914	8 - 7	eath is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted ebove, et	ate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. SAWYER, BDDKKEEPER, atc.		-7-36
9. Industry or business in which	0	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
SAW MILL, BANK, etc 10. Dete daceasad last worked at this occupelion (month and year)		
12. BIRTHPLACE (city or town) Night Ridge		-7-36
(State or country) Thoward Co. Md	Compound Fracture of Both Legs	
13. NAME Edgar II. Souder 14. BIRTHPLACE (city or town)	Frature of Last Human	
14. BIRTHPLACE (city or town)	Name of operation	
(State or country)	What test confirmed diagnosis? Chammetton Was there an autop	sy?_no
15. MAIDEN NAME Mary Cook	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:	26
16. BIRTHPLACE (city or town) (State or country) (State or country)	Accident, sulcide, or homicide? accident Date of Injury 5 - 7 Where did injury occur? Buttonswelle, md	, 19.9.7.
	(Specify city or town, county and State)	
17. INFDRMANT Cospilal Records (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Knowled Do running board &	novue
Marino Court Firthwarill 18/3	Nature of injury automobile accelerate	ear.
19. UNDERTAKER Port Kaisar	24. Wes disease or injury In any wey related to occupation of deceased?)
20, FILED 8/8/ 1936. C. S. Barnsley.	(Signed) Janes Saudy Louing. Me	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	10	Example II		
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 5 1000	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUMEAU V S	July 5, 1927	Peritonitis	3 days ago	
		73			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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of OCCUPA.

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

B.—WRITE PLAI

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

Q	1	1	()
0	4	1	3

1. PLACE OF DEATH	71-20
County montgomery Co.	Registration Dist. No. 2233
WITHIN CORPORATE LIMITS OF	No. Washington Sontarium & NosP. to (St. Ward
Village or City Takena Tark. md.	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mrs. Mary E. Bebit	If U.S. Veteran specify WAR.
	Parist, md Ward. Pu Ses.
(a) Residence: No. 507 Arande Ave. Callege 1 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Female white OR DIVORCED (write the word)	lug. 30 ,193 6
5e. If married, widowed, or divorced	(Mofith) (Dey) (Year)
HUSBAND of	22. I HEREBY CERTIFY, Thet t attended deceased from
(1) " Gldridge Kbris Sobbitt (deceased)	August 26,1936,10, Hugust 30,1936
6. DATE OF BIRTH (month, day, and year) June 4, 1854	I tast saw her alive on August 30, 1936; death is sale
7. AGE Yeers Months Days If LESS than	to have occurred on the date steted above, at 1/223em.
85 2 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	TErnicious Anemia
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPPR, etc	3-44
9. Industry or business in which	
work wes done, es SILK MILL, own home	
11. Total time (years) this occupation (month and year) 30 yrs a group occupation	
12 BIRTHPLACE (city or town) Franklin	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Translation (State or country)	Sentiti
13. NAME Stephen C- Bayce.	7000000
13. NAME Stephen C - Bayce. 14. BIRTHPLACE (city or town)	
(State or country)	Neme of operation Date of
(State of country) Tennsulvain	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Hancy MurPhey 16. BIRTHPLACE (city or town)	23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Pennsylvania	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Washington San tarium Kecords	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL actington that	Manner of injury
Plece Date 19	Neture of injury
anal 16	(4.0
19. UNDERTAKER WWC. Completed C.O.	24. Was disease or injury in any way related to occupation of deceased?
(Address) /4 00 Chepin st sur.	If so, specify
20. FILED aug 31 , 19.26 Pt. Ca Klegers Registrar.	(Signed) Comment of Colored M. (Ardress) Jakouse Park md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Curguet 27 193 6	rom
OR DIVORCED (write the word)	rom
Jewale white married. 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jacob Beaver. 22. I HEREBY CERTIFY. That I attended deceased f 22. J. HEREBY CERTIFY. That I attended deceased f 23. J.	50.
6. DATE OF BIRTH (month, day, and year) Select. 4 18 77 I last saw here alive on any 26 , 1936; death is	
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 16.50 Pm.	, ard
I day hre T	
Detector	
8. Irade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SLIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked al this occupation (month and year) 11. Total lime (years) spant in this occupation occupation occupation.	
12. BIRTHPLACE (city or town) York County (State or country) (State or country) (State or country)	
The to the contraction and	20/
13. NAME Mrv. E. G., Keing 14. BIRTHPLACE (city or town) York Churty (State or country) Nama of operation Subtlated They was there an autopsy? What test confirmed diagnosis? [3] MIR. Was there an autopsy?	275
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. MAIDEN NAME 23. If death was dua to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Fairfuld CemeteryDate Aug. 3.0., 193.6. Nature of injury	
19. UNDERTAKER Hay her for the state of the	
20. FILED CLLS, 2017, 19.36 At Se Bog Ester (Signed) Com arret (Andress) 7.22 maple ser John If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	. D.

ma.

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Example I	nen.	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis SFD 5 1931	1921 .	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	M	Other contributory causes of importance:	
Garsones	May 1,1923	Gastroenteritis	1 year

Every item of inforshould state OCCUPA

PHYSICIANS Exact statement

EXACTL

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supplied.

mation should be carefully

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AUSE OF DEATH in plain terms, so that

classified

certificate properly stated

> of back

See instructions

ION is very important.

of

1. PLACE OF DEATH County Montgone Village or City Fund ship H	July Chery des	Registration Dist. No. 2/ Registration Dist. No	
2. FULL NAME Samuel	1 Bond.	If U. S. Veteran, specify WAR	
(a) Residence: No. 104 200	volte ares	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH AUGUST. (Month) (Day)	193 (
5a. If married, widowed, or divorced HUSBAND of (or) Wife of allie Burney		22. I HEREBY CERTIFY. That I attended of the state of the	19.86
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, at 7 2 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	; death is said
8. Trade, profession, or particular Rind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Clark	Carolia-naewlan	1938
Rind of work done, os SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and	11. Total time (years)	Condinung Thom.	7/18/
year)	spent in this occupation	Other Contributory Causes of Importance:	706
(State or country) 13. NAME 13. NAME 14. OR OF THE OR	med	Zarolina .	7/22/8/
13. NAME OF TOWN 13. NAME 13.	<i>f</i>	Name of operation Date of	

14. BIRTHPLACE (city or town). (State or country)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR

19. UNOERTAKER (Address)

23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19

Where dld injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.

Manner of Injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance! Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Tokama Poblus

1. PLACE OF DEATH		
County Mantgamery	Registration Dist. No.	
Village or City To-Karna Park	No Washington Sovitarium telloset	Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number	r)
	s. & Q ds. How long In U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME MYS Anne Calvert	If U. S. Veteran, specify WAR	
(Usual place of abode)	14 Chase Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female 4. COLOR OR RACE 5. SINGLE, MARRIED (WIDOWED) OR DIVORCED (write the word) Widowed	21. DATE OF DEATH August 19, 193	o (eer)
5a. If marriad, ridowed or divorcad HUSBAND of	(1003)	
(or) WIFE of John Calvert	22. I HEREBY CERTIFY, Thet I ettended decess april 2 9 19 3 6 to are 1 9 19	
6. DATE OF BIRTH (month, day, and year) APril 21, 1864	I last saw h & alive on and 19 1936; deat	
6. DATE OF BIRTH (month, day, and year) HPV 2 1 16 16 7. AGE Years Months Days If LESS then	to heve occurred on the dete stated above, at U. R. m.	n is said
70 3 95 f day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8 Trade profession or particular	were as follows:	ofonset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		
9 Industry or business in which	Dealities mellitie de	nd L
work was done, as SILK MILL, SAW MILL, BANK, etc. That any	- Derilates -	
Sport in this		
yaar) occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) New Hartford		
(State or country)	<u> </u>	
13. NAME John Reytolds		
14. BIRTHPLACE (city or town) 7 England	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Jaboratory Was there en eutopsy	2.ls
15. MAIDEN NAME Elizabeth Crosby 16. BIRTHPLACE (city or town) ? England	23. If death was due to external causes (VIOLENCE) fill in also the following:	
5 16. BIRTHPLACE (city or town) 7 England	Accident, suicide, or homicide? Date of injury	9
(Stata or country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANTE a Sington Sanitarium Records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL + Q Q A	Manner of injury	
Placa V V Date Date Date	- Nature of injury	
19. UNDERTAKER W. W. P. Barrs Less	24. Was disease or injury in any way related to occupation of deceased?	
(Address) /400 - Ch quin xx y w	If so, specify	
20, FILED aug 19 1976 ALE 1	(Signed) OParity	M. D.
20. FILED Registrar.	(Addrass) 722 Marchan.	111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.-WRITE PU

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Evample II

Diample 1		Zampie II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	1 1 2	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
1 GIMEAU V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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Registration Dist. No. 2/2 (If death accurred in a hospital or institution, give its NAME instead of street and number) mos. 7- How long In U. S. If of foreign birth?_____yrs.____mos.____ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH TIFY. That I attanded deceased from and ralated causes of Importance Dats of onset Whet test confirmed diagnosis? _____ Wes there an autopsy?. 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 24. Was disease or injury In any way ralated to occupation of deceased? If so, specify _ If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

V. S. No.

(Address)

20. FILED __ C

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Example L		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 1996	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	· July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			,	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1	a	2	1
		4	-3

County Montgomery	01/
	Registration Dist. No. 216
Village or City Chery Clease Length of residence in city or town where death occurred 5 yrs	No.23 Arummond (Ire: St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) os. ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Charles S.Cole	
(a) Residence: No. 23 Drummond Ave. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH August (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alta R.Cole	22. 1 HEREBY CERTIFY, That I attended deceased from
C DATE OF PERTIL (month day and man) Tanan O 3 OFF	1 last saw h and alive on 2 193C: death is said
6. DATE OF BIRTH (month, day, and year) June 9-1875 7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 4 A.m.
61 1 24 1 day,hi	S. The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	
this occupation (month and Aug, 1-36 spent in this 11 spe	Other Coatributory Causes of importance: Office velloping United 1925
13. NAME William Cole	**
13. NAME William Cole 14. Birthplace (city or town) (State or country) Mich,	Name of operation Date of What test confirmed diagnosis? Connect Was there an autopsy 200
15. MAIDEN NAME Matilda Schurtz	23. If daath was dua to external causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME Matilda Schurtz 16. BIRTHPLACE (city or town) (State or country) Mich.	Accident, suicide, or homicide?
17. INFORMANT Alta R.Cola (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Placa Washington Date 8,3,193	Manner of injury
19. UNDERTAKER Martin W. Hysong (Address) 1300 N. St. N. W.	24. Was diseasa or injury In any way related to occupation of deceased? 220
20. FILED 8/3/, 1936 Beny Perry Registrage.	(Signed) William Mallory M. D. (Address) 1730 Chra and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	İ	Example II		
The principal cause of death and related cause of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	CHARLES THE STATE OF	
	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance;		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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COP

County	Montgomery			Registration Dist.	No217
Village or (City Olney, A	Md.	(11	No. Mont Co Gay Had death occurred in a hospital or institution, give its NAME inste	
Length of res	idance in city or town wher	e daath occurred	yrsmos	ds. How long In U.S. If of foreign birth?	yrsds
2. FULL NA	ME	Coo	per		
(a) Resider	ice: No. Rops	wille 7	nul .	St., Ward.	
BERSON	IAL AND STATIS	(Usual place	of abode)		ity or town and State
3. SEX	AL AND STATIS			MEDICAL CERTIFICATE OF	DEATH
			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 7	1026
male col.			(Day) (Yaar)		
5a. If married, widov HUSBAND of	wad, or divorced			22. I HEREBY CERTIFY, T	hat I attended decased from
(or) WIFE of				any 7 - 1.136, 10 Que	4 7 - 19.9
6. DATE OF BIRTH	(month, day, end yaar)	Angust 7.	1936	I last saw him all aug MI	1936; death is sal
7. AGE Yes		Days	If LESS than	to have occurred on the data stated above, at 7.15A	
18.		-	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of i	
8. Trada, profa	ssion, or particular		/ Or	were es follows:	Data of onsa
kind of s	ession, or particular work done, es SPINNER, BOOKKEEPER, etc	no	ne	Stillians	
9. Industry or	businass in which s dona, as SILK MILL, LL, BANK, etc			The state of the s	
kind of s SAWYER 9. Industry or work we SAW MII 1D. Date deceas	IS GONA, AS SILK MILL, LL, BANK, etc				
1D. Date deceas	ed last worked at pation (month end	. 11. Total ti	me (yaars)		
		0000	petion		
12. BIRTHPLACE (ci	ity or town)	nev. Md.		Other Contributary Causes of importance:	
(State or cou				micrown	
13. NAME	Nelson Cooper	•			
	(city or town)			Name of operation 200 nl	
(Stata or	country)	Maryland		010	Date of
15. MAIDEN NA	ME Miloy Car			- 7	Was there an autopsy? My
				23. If death was due to externel ceuses (VIOLENCE) fill in at	
16. BIRTHPLACE	(city or town)	Maryland		Accident, suicide, or homicide? Date o	f injury 19
- (Stete of	1 10			Where did injury occur?(Specify city or town,	county and State)
17. INFORMANT	7-1-1-	cords		Specify whether injury occurred In INDUSTRY, In HDME, o	r In PUBLIC PLACE.
	alkly.	my -		***************************************	
18. BURIAL, CREMAT				Manner of injury	
Place	4 / 2	Date	, 19	Natura of injury	
19. UNDERTAKER	helson Cao	per-C	Col)	24. Wes disease or injury In any way related to occupation of	of dacaased?
	Pala	onna	med	If so, specify	0
(Addrass)	- 12				
	10		, ,	(Signad) Nasc) mmbl	eson MI

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis Run oper by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL SPACE FOR FUF	THER STATEMENTS BY PHYSICIAN
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Registration Dist. No.

1. PLACE OF DEATH

County

TONTOOMER

BINDING THIS RESERVED may should

OCCUPA. should item Village or City / a /4 0 M a (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign-birth? Langth of rasidenca in city or town where death occurred If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 2 OR DIVORCED (write the word) (Month) (Day) 5a. If marriad, widowad, or divorced HUSBAND of ERTIFY. That I attended daceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE **Yaars** Months If LESS than 1 day, 9 ___ hrs. or.30 ... min. Trada, profassion, or particular kind of work dona, as SPINNER, Lawyer OCCUPATION 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc._____ back 11. Total time (years) 10. Data deceasad last worked at this occupation (month and spant in this 40 (State or country) FATHER See Name of operation. 14. BIRTHPLACE (city or town) (Stata or country) carefully OTHER important. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicida, or homicida?. Date of injury..... 16. BIRTHPLACE (city or town) ... (Stata or country Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. should 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation LION 24. Was disaasa or injury in any way ralated to occupation of deceased? 19. UNDERTAKER If so, specify Registrar. If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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3

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	- 82·a
County Moneymeny	Registration Dist. No.
Village or city Length of residence in city or town whate death occurred yrs	NoSt.,Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME ROBERT DEAN DAG (a) Residence: No. 128 C Struck L. E. (Usual place of abode)	St., Ward. Ward. If nonresident give only or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Was gamen Rogues Zank	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated abova, e. S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deseased last worked at this occupation (month and the same of this pocupation (month and the same of the	Cerebra Hemoreloge aug. 1, 193
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town)	Othar Centributery Causes of Importance:
1	
13. NAME Samuel (and and and and and and and and and and	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Rosales Heinominus 16. BIRTHPLACE (city or town) Brucalous, Was, (State or country)	23. If daath was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
17. INFORMANT Lace Janey (suction)	(Specify cits of town, county and State) Spacify whather Injury occurred in INDUSTRY, in NOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date County Date County 1934	Manner of injury
19. UNDERTAKER Com W. Baraen (Address)	24. Was disaase or injury in any way related to occupetion of deceased?
20. FILED aug 4 , 1936 Willa W. (Burdle	(Signed) M. (Address) Qanacu, M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	n modi	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		937	100
County Montamery	/	Registration Dist. No. 2	14
Village or City Dovodsi	Le Itills	No. Sucust Grove Rd. St., I death occurred in a hospital or institution, give its NAME instead of street and no	Ward
Length of residence in city or town where deeth		ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAMES arah Fran	ces Dawso	If U. S. Veteran, specify WAR My	
(a) Residence: No//01 Locust	Harre Rd. (Usual place of abode)	St., Ward. If nonresident give city or town and S	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White 7	SINGLE, MARRIED, WIDOWED, DR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 C (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of Pland W.	Dawson.	22. 1 HEREBY CERTIFY, Thet lattended d August 31,1936, to August 3	eceased from
6. DATE OF BIRTH (month, day, and yeer)	26 1911	I last saw h	death is seld
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1230 2m.	
2,5	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were as follows:	01.7.1
8. Trede, profession, or perticular kind of work done, es SPINNER,	usounte.	myrcaditis, acuto	Oute of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at	and gra	-	
10. Date decessed last worked at this occupation (month end year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) 2014-15	nies	Other Coatribatory Cases of importance: Commodial	1933
13. NAME Jame M. Wa	iden		
(Stelle of country)	land	Name of operation Data of What test confirmed diagnosis? Was there an au	
15. MAIDEN NAME Margaret	Striker	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIOEN NAME Magaset 16. BIRTHPLACE (city or town)	4	Accident, suicide, or homicide? Date of injury	, 19
Stete or country) Heur (lork	Where did injury occur?	*********
17. INFORMANT) I Viland M-	Dawson	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	CE.
18. BURIAL, CHIMATION, OR REMOVAL DC	aug 31	Manner of injury	
Place the Washington	ate 0 1934		
19. UNDERTAKER The S. D. D.	ines Co-	24. Was disease or injury In any way releted to occupation of deceesed?	
20. FIL (Address) 290/-14th S	weeden to	(Signed) State Mayeles	M. D.
	Registrar.	(Address) L. V. January 19, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LINEAU V. S.	1		
- Company of the Annual Company of the Annua	-		
Other contributory causes of importance:		Other contributory causes of importance:	7 11-35
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	R STATEMENTS BY PHYSICIAN
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THE ST DEATH	(A3)
County Monlyonery	Registration Dist. No. 2/9
Village or City wear Sabin whin	No. St Ward
Length of residance in city or town whare daeth occurradyrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME Walter Clark D	re am/
(a) Residence: No. 15-W. Troma St. Ch. C	L St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
13. SEX 14. COLOR OR. RACE OR DIVORCED (write the word) 15. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yeer)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Kalo 13. Near	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Operal 11-1878	Thast sew h alive on 8-16, 1936; death is said
7. AGE Years Months Days II LESS than	to have occurred on the dete stated above, at 4.20 Pm.
58 4 \ 5 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER,	Unite of onset
SAWYER, BOOKKEEPER, etc. 4 Vectural Ongue	accedental powing 8-16-36
Industry or business In which work was done, es SILK MILL, U.S. Mary Mard	
0 10, Oata daceased lest worked et 11. Total time (veers)	There was not wont involved cutson
this occupation (month and year) spent in this 23 year	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	sunt current of Potomore Rivers
# 13. NAME W. Q. DEan	Things switches of solutions is
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME Marting Jordan 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accidental Oata of injury
(State or country)	Whera did injury occur? World Column John in Volumer Visier (Specify citylor town, county and State)
17. INFORMANT Phs. Kalo 3. Wear	Specify whethar Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BUNIAL, CREMATION, OR REMOVAL	in public place - Totance River.
Place Seclar Fill Dote aug 19 1936	Mannar of Injury Closedontal drowning.
118.60 1 160 10	Netura of injury
19. UNDERTAKER WM. Pruben Tumpling	24. Wes disease or injury In any way related to occupation of deceased?
(Addrass) 190 excelle - Many land	If so, specify (Signed) W (Massachus u. p.
20. FILED & - 19 , 1936 Mrs. Trailet	(Signed) Stylenger M. D.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	J ly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUR AU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death How long in U.S. if of loreign birth?_____yrs.____mos.____ds. mos. _____ds. If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) onth) (Dev) (Year) 5a. II married, widowed, or divorced HUSBANO of (or) WIFE of 22. ERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 0evs II LESS than to have occurred on the date stated above, at I dey,____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, prolession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as S1LK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked et 11. Totel time (yeers) this occupation (month end spent in this occupation 25 year) osuna Other Contributory Causes of importance: (State or country) FATHER 13. NAME Name of operation Mas 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diagnosis Vallenters Was there an autopsy?. OTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: 16. BIRTHPLACE (city or town) (State or country Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 24. Wes disease or injury in any way related to occupation of deceased? 19. UNOERTAKER (Address)

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	THE PARTY OF	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH \$431			
1. PLACE OF DEATH	97)			
county Mont 9 miley	Registration Dist. No. 816			
Village or City Cherry Chase	NoSt., War			
Length of residence in city or town where death occurred yrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number) 18ds. How long in U.S. If of foreign birth?yrsmosds.			
000000000000000000000000000000000000000	is deed mata Over One for			
2. FULL NAME AUCES N. 7 EL	enter my q mas veerau			
(a) Residence: No. / O L (Usual place of abode)	St., Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH aug, 25, 193 6 (Month) (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of May ware Keldu	1 HEREBY CERTIFY Int lattended deceased to			
6. DATE OF BIRTH (month day and year) Dec 26/857	0 100 100 3 14 36			
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 3.1.5 m.			
I day,hi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance			
8 Trade profession or particular	arteriosclerasio Date of ondo			
SAWYER, BOOKKEEPER, etc.	- h 000			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Shilral debility			
U 10. Date deceased last worked at 11. Total time (years)	···			
this occupation (month end spent in this occupation				
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:			
(State or country)				
13. NAME Carle Fliether				
13. NAME CALLE TRIEBLES 14. BIRTHPLACE (city or town)	Name of operation Date of			
(State of Country) Cogo - Co	What test confirmed diagnosis? Was there an autopsy? M			
15. MAIDEN NAME Museum 16. BIRTHPLACE (city or town) Museum (State or equator)	23. If death was due to external causes (VIOLENCE) fill in also the following:			
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19			
(State or country)	Where did injury occur?(Specify city or town, county and State)			
17. INFORMANT AM. Arlyle . Alletyer 1997 (Address) 702 Elice St. Chevy chase mist	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of Injury			
Place Daylon, Club Date 7 1931	Nature of Injury			
19. UNDERTAKER S. H. Hingo Les O	24. Was disease or Injury In any wey related to occupation of deceased? NO			
(Address) 2901 14 4 11 m rashill	If so, specify			
20. FILED 8 - 25, 1936 Q. C. Terry n. D.	(Signed) M.			
Registrar.	(Address) (Address)			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
921	Run over by street car	1 week ago
5,1927	Perilonitis	3 days ago
1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Ł	5,1927	Other contributory causes of importance:

any wey related to occupation of dacaased

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address

S. No.

20. FILEDalia 4

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Example I		Example II		
The principal cause of death and relate of importance were as follows:	d chuses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1036 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis SFP	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 V July 5, 1927	Peritonitis	3 days ago	
BURE				
Other contributory causes of importance	e:	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

May 1,1923	Gastroenteritis	1 year
OR FURTH	ER STATEMENTS BY PHYSICIAN	
	OR FURTH	OR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

into	sta	UPA	1
10 1	plnc	000	
nen	she	Jo	1
I. B.—WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of info	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA	
6.	YSIC	state	
S CO	PH	xact	
H.	X.	田	
ZZZ	CTL	sified.	
KM	XX	clas	•
T.	d E	erly	cate
SI	state	prop	ertif
SIL	pe	pe	o jo
	plnou	may	back
Ż	E st	it it	on
DING	AG	so tha	TION is very important. See instructions on back of certificate.
FAL	olied.	ms,	ıstru
I U	Idns	in ter	see in
VITE	fully	n plai	ıt.
, X,	care	CH in	ortai
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PLA	pluor	OF D	very
	ls u	SE (Si N
-WR	matic	CAU	TIOL
B.	(7	1
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IARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	100		
County Montgomery	Registration Dist. No. 214		
Village or City near Kerbington	No. 16 Lawrence ave, st., Wa	rd	
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2. FULL NAME Sillie Ada, Nate			
(a) Residence: No. 16 Lawrence Albert	St Ward.		
(Usual place of abode)	If nonresident give city or town and State	_	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
of HUSBAND of Stephen R. Gates	22. I HEREBY CERTIFY, That I ettended deceesed fr	rom	
6. DATE OF BIRTH (month, dey, and year) May 13, 1871	I lest sew h. L. elive on Mugust 20, 19 36; death is s	ald	
7. AGE Years Months Deys If LESS than 1 dey,hrs.	to heve occurred on the date stated above, et 1239 m. m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance		
03 2 ormin.	were esfollows: Oate of one	set	
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Solona humania 11	21	
9. Industry or business in which work wes done, es SILK MILL,	Journal of it	220	
SAW MILL, BANK, etc			
this occupation (month end peer) occupation occupation			
12. BIRTHPLACE (city or town). Philadelphia	Dther Coutributory Causes of Importance:	30	
(State or country) Pa			
13. NAME Samuel Joseph Slee	V		
14. BIRTHPLACE (city or town) Sixer from	Name of operation Date of		
(Stete or country) England.	Whet test confirmed diegnosis? Wes there en eutopsy?		
15. MAIDEN NAME dydia Cinderson	23. If deeth wes due to externel ceuses (VIOLENCE) fill in also the Iollowing:		
16. BIRTHPLACE (city or town) Lalifate (State or country) Normal Scaling	Accident, suicide, or homicide?		
m Q 10 Q 711	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
17. INFORMANT 1/2 Walle Tresse Grandon	Spenify winding injury decented in the second in the secon		
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury		
Place Cedas Hill Crem. Dete aug 5, 1936	Neture of Injury		
19. UNDERTAKER Juseph Lawlers Low	24. Wes diseese or injury in eny wey related to occupation of deceased?		
(Address) 756 - Pa., Clace, N. W.	If so, specify North as ince of the abuseur		
20. FILED Aug 3, 1936 Magarel C. Tremearne Local Registrar.	(Signed) Authoritie in Maput M (Address) 20 W Balto St. Marsingto	ou	
		_	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

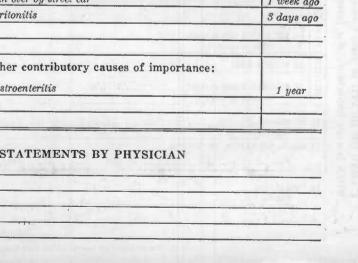
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis 7 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
131 //11				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RV	PHYSICIA	N
UDDITIONAL	DI MULI	TOIL	LOWING	STATEMENTS	\mathbf{D}	PHISILIA	NI A



Every item of infor-

of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
WITHIN CORPORATE HAITS OF A Park Village or City Taken a Park	No. Washington Sanitar Juma Hospital Ward death occurred in a hospital institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrslmos.	
2. FULL NAME Mas Anna George	If U. S. Veteran, specify WAR
(a) Residence: No. 1707 Columbia Road (Usual place of abode)	St., N.W Ward. Washington D. C. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Warried Warried	21. DATE OF DEATH Quantity (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSDAND of (or) WIFE of Mr. Harold George	22. I HEREBY CERTIFY, That I attended deceased from June 2/ 1936, to Hugust 16 ,1936.
6. DATE OF BIRTH (month, day, and year) Vecember 7 - 1896.	I last saw hex alive on august 10 1936; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 12
40 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cancer of release with 11,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	and other Selver organ
this occupation (month and year) - 1 434 occupation - 20-1-45	()
12. BIRTHPLACE (city or town) have	Other Contributory Causes of Importanca:
C III SI Q I SI III	Vianuam
13. NAME MY. Cyrus Helms 14. BIRTHPLACE (city or town) ?	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
Total Carita	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME haura Waters 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) State or country) Maruland	Accident, suicide, or homicide?, 19, 19, 19, 19, 19
17. INFORMANT Chash Saw & Host Perovo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Takoma Pack!	
18. BURIAL, CREMATION, OR REMOVAL Place Laural Ald Date aug 18, 19.36	Manner of injury
19. UNOERTAKER S. M. Klunes Co (Address) 1901-14 St. Wash, D. C	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 16, 1936 \$6.8. Rogers	(Signed) (Address) Agastungton Agustum
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Bolismating Requipoung W. S. No Ce 16

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	7	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1036	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage State V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			111111111111111111111111111111111111111

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
050 4 1036			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones BUREAU V. S.	May 1,1923	Gastroenteritis	1 year
And the state of t	T		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related cause of importance were as fellows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1930	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 28	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Fuly 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SICIAN

-WRITE

V. S. No. 1

of OCCUPA-

SIMIL OF MARKELAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(60-P)
THI Kounty son M. ant yomexu	Registration Dist. No. 223
Village or City Takolaa Part	No. Washington Sonitarium & No. Sta Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baby Mancey Mac Half F (a) Residence: No. 187 Carmed Rad (Visual place of abode)	St, Ward. Seat Pleasant Ind. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE Femate 4. COLOR OR RACE OR DIVORCED (write the word) Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from august 30, 1936, to august 31, 1936
6. DATE OF BIRTH (month, day, and year) Quayet 30, 1936 7. AGE Years Months Days If LESS than	I last saw h
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade profession or particular	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ash my non To
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Otebolo
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation	
12. BIRTHPLACE (city or town) Takoma Park (State or country) Manyland.	Other Contributory Causes of importance:
13. NAME Mr. arthur Half pap	
14. BIRTHPLACE (city or town) Washington (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Helena Bagel mann	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wes Shing tone (State or country)	Accident, suicide, or homicide?
17. INFORMANT Washington Santerium Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 1 - 100 pe 1 1 bill Date Sept 2 , 19.36	Manner of injury
19. UNDERTAKER 21: 20 Sealy N. E. Wash II. C. (Address) 8 6 76. If N. E. Wash II. C.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Deft / 1936 Ho. E. Rogers Resistrar	(Signed) M. D. Calel Parth. M. D. (Ardress) 705 larrall Cu.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. I. Jacksona Per

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago 3 days ago
	o days ayo
Other contributory causes of importance: Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS statement Exact stated EXACTLY. A PERMANENT IARGIN RESERVED FOR BINDING properly classified. certificate. See instructions on back CAUSE OF DEATH in plain terms, so that mation should be carefully supplied. TION is very important. -WRITE PLA

V. S. No. 1 B ż (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address)

19. UNDERTAKER TO

item of inforshould state of OCCUPA.

	County Moulgowey Village or City & akviva Pak Ml Length of residence In city or fown where death occurred yrs mos 2. FULL NAME Unnamed Male infa (a) Residence: No. 256 - 12th H. Sunth Ch (Usual place of abode)	Registration Dist. No. 223 No. Ward Sant Hoffer St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth? yrs. mos. ds. #### Harding ###################################
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR/RASE OR DIVORCED (wind the word) If married, widowed, or divorced	21. DATE OF DEATH ang // () 1936 (Month) (Day) (Year)
_	DATE OF BIRTH (month, day, and year) Oug // 1936 AGE Years Months Deys If LESS than 1 day,hrs. ormin.	I HEREBY CERTIFY. That I attended deceased from 1936, to 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said to have occurred on the date stated above, at 1936; death is said
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	sill truth trates dead supral days course, making That still life for 3 days - maetical of
12.	BIRTHPLACE (city or town) Lakerna Park-hid - (State or country)	Other Contributory Capaca of importance: fall Jun 11.
ER FATHER	13. NAME PUL Clarence Harding 14. BIRTHPLACE (city or fown). Mach DC - (Stete or country) 15. MAIDEN NAME GENTRALE Bradley	Name of operation. Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) filt in also the following:
MOTHER	16. BIRTHPLACE (city or fown) Mash DC - (State or country)	Accident, suicide, or homicide?

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	11/11/11	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
aller ayor a see a disconnection			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

Registration Dist. No. 223

eglare San + Naslastal

STATE OF MARYLAND—CERTIFICATE OF DEATH

7	WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	n plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
M	Jo u	pluo	000	
131	iten	sh	Jo	
	very	IANS	nent	
	D. E	SIC	tate	
	COR	PHY	ct s	
	E		Exa	
Ç	ENT	LL	ed.	
OIN	AN	AC	ssifi	
N	ERM	X	cla	•
23	A P	ed	erly	1000
FO	IS	stat	pro	10000
ED	HIS	pe	pe .	44
RV	I	pluo	may	2000
ESE	INE	E sh	it it	1
2	DNI	AG	tha	2000
GIN	AD	ed.	18, 80	20110
AR	UNE	lppli	tern	2000
MARGIN RESERVED FOR BINDING	THI	ly sı	lain	100
	WI	ful	u b	5

1. PLACE OF DEATH

Village or City

DEATH import pluods OF CAUSE LION

V. S. No. 1

(If death occurred in a horpital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred... .mos. _____ds. How long In U.S. If of foreign birth?_____yrs._____mos.____ds. 2. FULL NAME If U.S. Veteran specify WAR. (a) Residence: No. 25 W (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) markes. (Mont) (Dey) (Year) 5a. If married, widowed, or divorced HUSBAND of Y. Chat attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Deys Months If LESS then to have occurred on the date steted above, at 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance 5 or____min. Date of onset 8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc..... OCCUPAT 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc..... 11. Total time (years) 10. Data deceased lest worked at this occupetion (month and spent in this 4740 12. BIRTHPLACE (city or town) . Nalama. (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (Stete or country) What test confirmed diegnosis?. MOTHER 15. MAIDEN NAME 23. if death wes due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Sarat Accident, suicide, or homicide? (State or country) Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Neture of injury 24. Wes disease or injury in eny way releted to occupetion of deceased 19. UNDERTAKER (Address) If so, specify 20. FILED Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related caus of importance were as follows: Attack of epilepsy	es Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP	July 5,1927	Peritonitis	3 days ago
BUREA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH County Millage or City Man Journal Length of residence in City, or town where death occurred. Ward Length of residence in City, or town where death occurred. A. E. FULL NAME (a) Residence: No. A. F. W. Counting of death occurred. (b) Residence: No. A. F. W. Counting of death occurred. (b) Residence: No. A. F. W. Counting of death occurred. (c) Residence: No. A. F. W. Counting of death occurred. (c) Residence: No. A. F. W. Counting of death occurred. (d) Residence: No. A. F. W. Counting of death occurred. (d) Residence: No. A. F. W. Counting of death occurred. (d) Residence: No. A. F. W. Counting of death occurred. (d) Residence: No. A. F. W. Counting occurred on the length of the state of the st	STATE OF MARYLAND—	CERTIFICATE OF DEATH
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(a) Residence: No. B. F. B. M. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 1 COLOR OR RACE B. DIVORCED (smith the word) Sa. If mainted, wildowed, or giferced (co) Wife of Control of BIRTH (month), day, and year) 7. AGE Years Months Days 1 (LESS than 1 day,		
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weging at the state of the stat	20. FILED. Thy 1966 lefter nouse Registrar.	(Signed) MOUNT DUNG M. D. (Address) ACCINICATIVE M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis OCT 6 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-CERTIFICATE OF DEATH

OF DEATH	8439

1. PLACE OF DEATH	WITE OF BEATT
PITMIN County Montgomery	Registration Dist. No. 223
	Do Salvanotas Sanitavi um + Has Fite War If death occurred in a horpital or institution, give its NAME instead of street and number) is. 28 ds. How long in U.S. if of foreign birth? yrs. mos. d
2. FULL NAME Mrs Mary B. Haynes (a) Residence: No. 1016 - 16 42 5t. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White S. SINGLE, MARRIED AVIDOWED OR DIVORCED (write the word) Widowed	21. DATE OF DEATH August (Month) (Day) (Year)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of John R. Haynes	22. July 6 LIST CERTIFY. That I attended deceased from 1936, to Hugust 3 1936
6. DATE OF BIRTH (month, dey, and yaer) February 10, 1863 7. AGE Yeers Months Deys If LESS than 1 day,hrs. 7 3 5 29 0rmin.	to have occurred on the date stated above, at 12 m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Painsary Careinoma of Jung Oswir R. Other Cantributory Causes of Importance:
12. BIRTHPLACE (city or town) Washington, Dr. C. (State or country) 13. NAME Charles Bennett	Carcinoma of liner
13. NAME Charles Bannett 14. BIRTHPLACE (city or town) 7 New York (Stete or country)	Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Ward 16. BIRTHPLACE (city or town) Alexandria (Stete or country) Wirginia 17. INFORMANT Washington Santitaring Records (Address) Taxona Pank And	23. If daath was due to axternel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Message drawn, 5 Date 7 5 , 1936	Menner of Injury
19. UNDERTAKER John S. Stenold (Address) Glexand	24. Was disaese or injury In eny way releted to occupetion of deceased? M.D. If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.—WRITE PLA

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	ll ll	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4030	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
230310000000000000000000000000000000000			

ADDITIONAL SPACE FOR FURTHE	STATEMENTS BY PHYSICIAN
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N. B.—WRITE

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	722
County montgomery Country	Registration Dist. No. 2 14
Village or City Aleger Roughill, mot.	
	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Elizabeth Easter /	Lagen If U. S. Veteran, specify WAR
(a) Residence: No. When Laughill had. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Samuel Hazen	22. I HEREBY CERTIFY, That I ettended deceased from
1.1.1.1057	Last saw h A alive on Present 5 1936 death is called
6. DATE OF BIRTH (month, day, and year) 183 7. AGE Years Months Days If LESS than	I last saw h
79 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	myvender waysliney with 6/1/36
9. Industry or business in which	16. 1616 Crack of he 11 1019
SAW MILL, BANK, etc.	Kungley Chebral Kunsiliages 1917
10. Oato deceased last worked at this occupation (month and 1919 spent in this occupation 33	
12. BIRTHPLACE (city or town) Wear Gaithersburg	Other Contributory Causes of importance:
(State or country) Rud	
II 13. NAME Jolen L. Easton	
13. NAME When L. Easton 14. BIRTHPLACE (city or town) Elles H City	Name of operation Name Date of
(State or country) Manyland.	What test confirmed diegnosis? Physical Econ. Was there an autopsy? L.J.
15. MAIDEN NAME Harriet L. Lowe	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Montgomery Counter	Accident, suicide, or homicide?Date of Injury
S (State or country)	Where did injury occur?
17. INFORMANT Mallamis L. Caston (Iroller) (Address) Loughell, Mrd.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury
Place Lay Mill Coulypate 8, 7. , 1936	Neture of injury
19. UNDERTAKER LOSIN Leturs hier	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lilier Spling	If so, specify
20. FILEO. aug. 8., 19.3.6. Margaret C. Tresular.	(Adoress) Kusington, Mayland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The small V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIA:	N
MUDITIONAL	DI AULI	CIL.	T. O ICT PITTATE	DIE LYPET AND TANKED TO FOR	17 1	T TT T DE CENT	F 4

3

should

DEATH

OF

CAUSE TION 17. INFORMANT 18. BURIAL, CREMATION, 19. UNDERTAKER

16. BIRTHPLACE (city or town) (State or country)

(Address) FO

If so, specify

Where did injury occur?.

Manner of injury

Nature of injury.

24. Was disease or injury In any way related to occupation of deceased?

Accident, suicide, or homicide?______ Date of injury______ 19_____

(Specify city or town, county and State)

(Sløned) (Address)

Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1,1923 1 year

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis \\ SET	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH 8442
1. PLACE OF DEATH	(3)
County Montgons	Registration Dist. No. 2/1
Village or City Colorador Prom	Np. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidanca in city of town where death occurredyrs	ds. How long In U. S. If of foralgn birth?yrsmosds.
2. FULL NAME Than Tounkley	if U. S. Veteran, specify WAR
(a) Residence: No R 7 A - 9 authors bugget	1 St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH and . 21
Terrale White Sugar the word)	(Month) (Day) (Year)
5a. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
<i>d</i>	1908,10
6. DATE OF BIRTH (month, day, and year) 1854 20	I last saw have elive on the 2, 1936; death is said
7. AGE Yaars Months Day's If LESS then I day,hrs.	to have occurred on the data stated above, at 10m.
82 2 1 1 1 udy,mis.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wage as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNER,	Ourone Interstehal replace androne
SAWYER, BODKKEEPER, atc.	1 Do me
SAW MILL, BANK, etc 11. Total time (years) 11. Total time (years) 11. Total time (years) 11. Total time (years)	
O this occupation (month end spent in this occupation	
2 73 100	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	
	Neme of operation
(Stata or country)	What test confirmed diegnosis? Was there an eutopsy? ###
15. MAIDEN NAME	23. If death was due to externel ceuses (VIOLENCE) fill In also the following:
[16, BIRTHPLACE (city or town)	Accidant, suicida, or homicide?Dete of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lactor Jalantelas	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) & anthorstopy my	
TO DUDIAL OPPLIATION OF STROUGH OF STROUGH	

ARGIN RESERVED FOR BINDING UNFADING INK-THIS AGE should be See instructions on back CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE

item of infor-

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. IS A PERMANENT

classified.

pe Jo

certificate. properly

TION is very important. N. B.

V. S. No. 1

19. UNDERTAKE

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Nature of injury.

If so, specify

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
After toacter oats	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CEP 5	July 5,1927	Peritonitis	3 days ago
BUREAU V S.			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

if so, specify

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Registrar.

(Address)

V. S. No.

20. FILEDLUCA.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SECFIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 4 1938	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:	d	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITION	VAL SPACE I	FOR FURTH	ER STATEMENTS BY P	HYSICIAN	
			•		

5a.

7. /

OCCUPATION

13. NAME

15. MAIOEN NAME

14. BIRTHPLACE (city or town)

(State or country)

FATHER

MOTHER

20. FILED.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8445
1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 2/6
Village or City Bethleda	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds,
2. FULL NAME COOL COSE	2 No Veteran
(a) Residence: No. 1 50 Deach ars. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH August (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Sarah & Jacobsen	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Oct. 12, 1855	Most sew h see elive on Seely 31 (1936; death is seid
7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above, et 10.25 A.m.
82 9 /9 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Denmark	Other Coutributory Causes of importence:

lenkour

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

If so, specify

(Specify city or town, county and State)

Neme of operation____

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Dete of Injury______ 19_

Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

What test confirmed diegnosis?____

Neture of injury_____

Where did Injury occur?____

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
TATA TATA CATAL	OI ZIVI	T OIL	T CIVILITIE	OTSTERMENTATO	10 1	T II I OIOICIA



PHYSICIANS should state D. Every item of infor-

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DE

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County Wilage or City Charactery Case of City or Lown where Get and country City Cast occurred in a hospital or institution, give its NAME interest and number) Lamph of residence in city or town where Get and country Cast of Country Cast of Country Cast of Cast of Country Cast of Cast	1. PLACE OF DEATH	(2)
Village or City	County Moulgomery	Registration Dist. No.
Length of residence in city or fown whele death occurred. 4. How long in U.S. if of foreign birth? 4. Residence: No. 14920 (Charalpiace of abods) PERSONAL AND STATISTICAL PARTICULARS 1. SEX 4. COLOR OR RACE OR MOYORCE OF Converted word) OR WORKER 1. Ill married, wildowad, or divorced only with red of the converted word only with red of the converted word only with red of the converted word of the converted word only with red of the converted word word word word word word word wor	Village or City A Cheve Ohn.	
2. FULL NAME (a) Residence: No. 1820 (b) Residence: No. 1820 (Charlistee of shoots) (Charlistee of		
(a) Residence: No. ## 2	Length of residence in city or town where deeth occurredyrs	mosds. How fong in U.S. if of foreign birth?yrsmosds.
Cusual place of abode Binomerations give city or town and State	2. FULL NAME Goldle It Jewis	
3. SEX 4. COLOR OR RACE OR DIVORED Curric the word) OR DIVOR THE ORD THE STATE OF THE THE ALL OF THE THE ALL OF THE A	(a) Residence: No. 4820 Chay Chair Bour (Usual place of abode)	
35. If married, widowad, or divorced (Or) wife of Education (Cor) wife of Work done, as SPINNER, Cory (Education (Cor) wife of Work done, as SPINNER, SAWYER, BOOKKEPER, at a cord of the date stated above, at 10.3 mm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of ones as SPINNER, SAWYER, BOOKKEPER, at a cord of the State of Coronary (Cor) wife of Work and the State of Coronary (Cor) wife of Work and the State of Coronary (Cor) wife of Importance (C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
58. If married, victowad, or divorced HUSBAID of Cor) WIFE of School R. 6. DATE OF BIRTH (month, day, end year) 7. AGE 8. Trade, profession, or perticular kind of work done, as SPINKER, SAVYER, BOOKKEER, stc. 9. If LESS than look was done, as SIK MILL, SAW MILL,	OR DIVORCED (write the	word) Chiquest 9 1936
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LES than I day,	5a, 1f marriad, widowad, or divorced	
T. AGE Years Months Go Trade, profession, or perticular Aid of work done, as SPINNER, SAWYER, BOOKKEPER, atc. S. Indextry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business or injury. J. Industry occurr? J. Industry occurrad in Industry, in HOME, or in PUBLIC PLACE. Address) J. Industry of town, Candidate Address) J. J. Industry occurrad in Industry, in HOME, or in PUBLIC PLACE. Address) J. J. J. J. J. R. C. J.	(-) U.F (
7. AGE Years Months Go Trade, profession, or perticular Aid of work done, as SPINNER, SAWYER, BOOKKEPER, atc. S. Indextry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business in which work was done, as SILK MILL, SAWIEL, BOOKKEPER, atc. J. Industry or business of importance: J. Industry or country What test confirmed diagnosis? Was there an autopsy? J. Informant Was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did Injury occur? Specify whether Injury occur? Specify whether Injury occurrad In INDUSTRY, in HOME, or in PUBLIC PLACE (Addrass) J. Industry or in the date stated abova, at 2.3 It do have a solidated to accupation of decased? J. Informant Was decased or injury in any way related to occupation of decased? J. Industry or injury J. Inso, specify Specify whether Injury occurrad in injury J. Was disease or injury in any way related to occupation of decased? J. Industry or injury J. Industry or injury J. Industry or injury J. J. Was disease or injury in any way related to occupation of decased? J. Industry or injury J. J	6. DATE OF BIRTH (month, day, end year)	Jost saw harmalive on Aug 2, 19.36; death is said
8. Trade, profession, or perticular Region of Perti	7. AGE Years Months Days If LES	S than to have occurred on the date stated abova, at 10301 m.
8. Trade, profession, or perticular Kind of work done, as SPI NNER, SWYER, BOLKEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year). 11. Total time (years) spent in this occupation (month and year). 12. BIRTHPLACE (city or town) (State or country) 13. NAME PLUCATE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME May July 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 19. UNDERTAKE		min ware as follows:
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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
DOWN CO.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			11-5	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICI	A INT
TINDITIONAL	SI ALUE	LOW	T UKILIEK	STATEMENTS	DI	PHISILIA	ALN

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were as	f death and related causes sollows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	9101 D	July 5,1927	Peritonitis	3 days ago	
	RUBEAU V S.	1			
Other contributory ca			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Refer &	ADDITIONAL SPACE	FOR FURTHER ST	ATEMENTS BY PI	HYSICIAN	
	0		7 0/		

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S. No.

20. FILED W

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of de of importance were as fol Arteriosclerosis	eath-and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	525 E 1560	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	out a loss	July 5,1927	Peritonitis	3 days ago	
	BURGAU V. S				
Other contributory cause	s of importance:	A street, many	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

8448

1	PLACE O	F DEATH			(37)			
	County	Montg Co				Registratio	n Dist. No.	17
	Village or (City Olney			No. Monts Co death occurred in a horpital or instit ds How long in U.S. if	General	Hospisia ME instead of street ar	Ward
2	. FULL NA	ME Edward	F Lar	res be				
		nce: No. Gait		V	F. D., Ward.	If nonreside	nt give city or town	and State
		NAL AND STATIS			MEDICAL C	ERTIFICAT	E OF DEATH	l
3. 5	ale	4. COLOR OR RACE	OR DIVORG	ARRIED, WIOOWED, CED (write the word) LOWEY	21. DATE OF DEATH	8 (Month)	20 (0ay)	36 , 193(Year)
		wed, or divorced ie W	Lindse			YCERTI	FY, That I atland	ad deceased from
6. I	ATE OF BIRTH	(month, day, and year)	an I2	I865	I last saw harmaliva on		aug 20	, 19.3.C. .C.; death is said
7. A I 8	365 7	ars Months	Days 8	If LESS than I day,hrs. ormin.	to have occurred on the date state. The PRINCIPAL CAUSE OF DEA were as follows:	~ ~	uses of Importance	Data of onset
OCCUPATION	9 Industry or	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etcbusiness in which		armer,	Post open	dire,	shork	8-7-30
occup	10. Dato decea:	as done, as SILK MILL, ILL, BANK, etcsed sed last worked at upation (month and	S	I time (yaars) pent in this ##	Pyeli	lisi		8-7-3
12.	BIRTHPLACE (c	city or town) Maryl		ove patron	Other Contributory Causes of Imp	portance:	3222	
IER	13. NAME	Thomas Li	ndsey		Enlarged	fore	40	1935
FATHER		MC E (city or town) or country)		919 m	Name of operation	rlali	Oate of	
I5. MAIDEN NAME Unknown I6. BIRTHPLACE (city or town)			23. If death was due to external ca Accident, sulcide, or homicide? Where did injury occur?	uses (VIOLENCE)	fill in also the follow	ving: , 19		
	(Address)	Clarence L		_	Specify whether injury occurred	(Specify city In INDUSTRY, in	or town, county and : HOME, or in PUBLIC	Stale) PLACE,
18.	Placa	TION, OR REMOVAL Voodfield	Date Uas	, 19	Manner of injury			
19.	UNDERTAKER (Address)	Gaithe			24. Was diseasa or injury In any If so, specify	way related to occ	upation of deceased?	
20.	FILED ang	. 22, 1936	CSBa	meley Redistrar.	(Signed) (Address)	diose	hack	M. O

7. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SED 54 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage PAN V. S	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Annual confidence and the bills of planting the date of the confidence of the confid			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S. No. 1

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 7 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		17 11. 4	
		and the state of t	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

MARGIN RESERVED

S. No. 1

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CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.	3. 3. 58 6. 7. NOTHER FATHER 113
Exact	3.
assified.	58
CAUSE OF DEATH in plain terms, so that it may be properly cl TION is very important. See instructions on back of certificate.	3. Starter FATHER OCCUPATION 17
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OF	19

1. PLACE

WITHIN COL Village Length o 2. FULL (a) Res PERS

3. SEX

5a. If married, y HUSBANO (or) WIFE

6. DATE OF BIL

12. BIRTHPLAC (State or

7. AGE

ST	ATE C	F MAR	YLAND-	CERTIFICATE OF DEATH 8452	
. PLACE OF DEATH	10 -			Wo D	
County Mury	Janue	wh.		77.5	
THIN CORPORATE STA	16 10110	1 Park	m. 1	Registration Dist. No.	
Village or City &	1. NO MILE	Vack	1/01	No. Ward Our 1 Vap St., Ward	
Length of residence in city of	or fown where d	eath occurred	Ver Mos	f death occurred in a horpital or institution, give its NAME instead of street and number)	
() ,		yis		
FULL NAME	arbai	a lum	- mc Kin	mil. If U.S. Vettran specify WAR	
(a) Residence: No.	308 Du	it are.	Selver	ersty, Mward.	
		(Usual place		If nonresident give city or town and State	
PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Fuerale 4. COLOR (OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH ang 199, 1936	
If married, widowed, or divorce	d		7	(Month) (Day) (Year)	
HUSBANO of (or) WIFE of	111718	_		22. I HEREBY CERTIFY, That I attended deceased from	
10	10000	1	. 04 /	ang 157, 1936, to ang 167, 1936	
ATE OF BIRTH (month, day, a	nd year) a	ug 10 "	1936 -	I last saw h. Ext. alive on ang 15" 1936 death is said	
GE Years	Months	Days	If LESS-then	to have occurred on the date stated above, of 7.3/P m.	
F 123 NO. 144		Police Share	1 day, 1.0 / tars.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or partic	ulas.	1	ormin.	were as follows: Oate of onset	
kind of work done, as SAWYER, BOOKKEEPER	SPINNER,	7		as map of the man of the	
9. Andustry or business in wi		1010		I up vary - range gruss	
Work was done, as SILF SAW MILL, BANK, etc.,	C MILL.	- ou		Mesinged mythis which	
10. Date deceased last worked		11 Total ti	ime (years)	akan parnaled valy breathing	
this occupation (month	and	sper	nt In this	alelacias:	
	10 1	1	a deed	Other Centributory Causes of Importance:	
BIRTHPLACE (city or town)	11049	mey d	-ma-	Church and sive any - as vinh	
(State or country)	Jakos	maj va	rle.		
13. NAME Charl	es In	Kins	nie		
14. BIRTHPLACE (city or town)	EXXX	n. una	-	Name of operation	
(State or country)		11 0			
15. MAIDEN NAME HEL	Eres Ri	thands.	2	What test confirmed diagnosis?	

MOTHER 23. If death was due to external causes (VIOL ENCE) filt in also the following: 16. BIRTHPLACE (city or fown (State or country) Where did injury occur?_____ Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT.

(Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address) Registrar.

Nature of injury_ 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Specify city or town, county and State)

Manner of injury

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1.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
_1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
The same of the sa	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.-WRITE

V. S. No. 1

STATE OF MARYLAND—CERT	IFICALE	UF	UEP	
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8453

1. PLACE OF DEATH		(82-0)	0100
County Monto	omery	Registration Dist. No	223
VITMI Village of City Caker	a Paris B	No. 225 Flower Que.	
Village or City Careov		f death occurred in a hospital or institution, give its NAME instead	of street and number)
Length of residence in city or town wh		ds. How long in U.S. If of foreign birth?yr.	
2. FULL NAME Colmus	ig Douglas Mi	ClerIf U. S. Veteran, specify WAR	
(a) Residence: No. 243	(Usual place of abode)	St., Ward. If nonresident give city	or town and State
PERSONAL AND STATE		MEDICAL CERTIFICATE OF I	
Male A. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH august 18	, 193 6
ia. If married, widowed, or divorced	married	(Month) (Oa	y) (Year)
HUSBANO of Josephin	re Ersking Mille	22. I HEREBY CERTIFY, That 3 ang 15 1936 to ang	
0	Aug 20 1050	I last savn alive on any 13	
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2 5° 02 m.	death is said ; معک قد 19
70	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of imp	ortance
10 1	ormin.	were as follows:	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Botined		
SAWYER, BOOKKEEPER, etc(9. Industry or business in which	Jee way		1986
work was done, as SILK MILL, SAW MILL, BANK, etc		appropriately of	7.8,
10. Date deceased last worked at	11. Total time (years)	-	
this occupation (month and year)	spent in this occupation		
C Training	la 10m'901	Other Cuntributury Canses of Importance:	
(State or country)	ors may		/83.
01	W m'00:	Head signing	Jan 33
13. NAME Camung	11, Milles	alleriosclerasio	9 1
13. NAME Calmung e	Non to	Name of operation	Oate of
(State of country)	germony	What test confirmed diagnosis? Symploms W	as there an autopsy? 200
15. MAIOEN NAME Mory	can Jagen	23. If death was due to external causes (VIOLENCE) fill in also	the following:
15. MAIOEN NAME Mary 16. BIRTHPLACE (city or town)	Vermont	Accident, suicide, or homicide? Date of in	njury19
(State or country)	7	Where did injury occur?	
7. INFORMANT Way Joseph (Address) 1815 Flow	ine 6, Milles	(Specify city or town, co Specify whether injury occurred in INDUSTRY, in HOME, or in	nuty and State) n PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	0012	Manner of injury	100000000000000000000000000000000000000
Place Madison Mills	Date (lug, 2/, 136,	Nature of injury	
19. UNDERTAKER Warzen E	Sumphrey	24. Was disease or injury in any way related to occupation of o	
(Address)	springs, ma,	If so, specify	
20. FILEO aug 20, 1936	A EA WEEK	(Signed) warren	M. D
/	Registrar.	(Address) 722 Manh any	· / stooms p

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

und.

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Example 1	- Care	Example 11	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
TITLE TO COLOR DELO	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

-WRITEP mation

V. S. No. 1

8454

THE TOTAL OF BEATING		(131)	
County Montgome	ry	Registration Dist. No. 2	18
Village or City Alerwood	Q RJ.D	™ ND.	Ward
		f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city or town where death or	curredyrs,mos	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Walter	W. N1	obley	
(a) Residence: No. Llerure	ool	St. Ward.	
(1	Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
2m 1 -0 % OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 6
5a. If married, widowed, or diversed HUSBAND of	of zaelle		(Year)
(ar) WIFE of Celliforn	J. movey	22. I HEREBY CERTIFY, That I attended	d deceased 1rom
11	1010	1922 ,19 ,10 aug 28	, 193.6.
	21,1869	I last saw ham alive on any 24, 1936	; death is said
7. AGE Years Months	Days II LESS than 1 day,hrs.	to have occurred on the date stated above, in 8 29 fr.m.	
67 4	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:	I Data for A
Trade, prolession, or particular kind of work done, as SPINNER	+		Date of onset
SAWYER, BDDKKEEPER, etc.	reol	angung sectoris	1935
Industry or business in which work was done, as SILK MILL		1 /1	
work was done, as SILK MILLA SAW MILL, BANK, etc			
- I this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town)	1		
(State or country)	Cario	Chronix Methods	1972
13. NAME	Tobley.	<i>O</i>	
14. BIRTHPLACE (city or town)		Name of operation Date o1.	
(State or country) Thol.		What test confirmed diagnosis? Landingane Was there an	
15. MAIDEN NAME LOCUSIES	triffeth	23. If death was due to external causes (VIOLENCE) fill in also the followin	
15. MAIDEN NAME Socials 16. BIRTHPLACE (city or town)	,0	Accident, suicide, or homicide?	
(State or country)	•	Where did injury occur?	, 17
my Elector	1 4 20.00	(Specify city or town, county and Sta	ite)
17. INFORMANT /// College (Address)	1 mood	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	LACE.
18. BURIAL, CREMATION, OR REMOVAL	isc mu	Stance of information	
Place Ruckville Date	8.31. 126	Manner of injury	
11 2	5 0	Nature of injury	
19. UNDERTAKER Remarks (Address) Rockalls	unghiling	24. Was disease or injury in eny way related to occupation of deceased?	Mo
20 FILED Aug. 29 1936 alrey	de G Croke	(Signed) Thornhart	M. D.
1	Registrar.	(Address) Daithusbur	a md
If more blanks a	re needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	/

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 4 1996	July 5,1927	Peritonitis	3 days ago
Other contributory revers of importance.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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N. B.—WRITE PLAINLY,

V. S. No. 1

Exact statement of OCCUPA-

STATE	OF	MARYL	AND-C	ERTIFIC	CATE	OF	DEATH
	— :	TARREST FOR THE PARTY NAMED IN	7 11 12	Permit P P P P P P		U 1	

(1	1.1	p		liy.
0	4	5	9)

1. PLACE OF DEAT	TH A	-				
County //	my 4	onger	4	(179)	Registration Dist. No. 2	16
Village or City	hers	chag	12	No.	St.,	Ward
Live a contractor					itution, give its NAME instead of street ar	
Length of residence in ci	or town where	death occurred	yrs. 7 mos	as. How long In U.S. I	f of foreign birth?yrs	_mosds.
2. FULL NAME D	un	e cou	ages on	urfelly If U. S. Veteral	n, specify WAR Lworl	4
(a) Residence: No.	4405	Heavy	ords	St., Ward.		
		(Usual place)			If nonresident give city or town	
PERSONAL AN					CERTIFICATE OF DEATH	7
100	R OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH	account 314	6
		mari	ed	***************************************	(Month) (Oay)	(Year)
5a. If married, widowed, or divo	rced	0.		22. O I HEREB	Y CERTIFY, That I attend	ind decayed from
(or) WIFE of Par	thele	ndellen	lucon	Jan. 104	1935 to aug. 31 7	1936
6. DATE OF BIRTH (month, day	and year)	2111 22	1896	I last saw h_Aug_ alive on	V- 1170 3	6 : death is said
7. AGE Years	Months	Oays	If LESS than	to have occurred on the date str		
40		9	1 day,hrs.	The PRINCIPAL CAUSE OF DE	ATH and related ceuses of importence	- Selvin-
8. Trade, profession, or pa	articular		0	were as follows:	Goholieu.	Oate of onset
kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc	maj U.	S. Q.			
9. Industry or business in	which	276:1				~~
SAW MILL, BANK,		ema		The sodium ann	Ital Soisarina, was as	64.
10. Cate deceased last wor this occupation (mor			tin this 224		Lestal Cure o)
year)		ocaup	pation	Other Contributory Causes of im		77
12. BIRTHPLACE (city or town)	20	ack,			my tal Vorsoning	,
(State or country)		0			/	
13. NAME 14. BIRTHPLACE (city or to	unal t	divail	Mysphy			
14. BIRTHPLACE (city or to	wn)	Meling.	J , d	Neme of operation	Date of	
(State of country)	1-0			What test confirmed diagnosis?	Was there a	in autopsy? 10
15. MAIOEN NAME 16. BIRTHPLACE (city or to	ma.	Demp	sey.	23. If death wes due to external o	causes (VIOLENCE) filf in also the follow	ving:
16. BIRTHPLACE (city or to	wn) U	vash	J	Accident, suicide, or homicide?	Date of Injury	, 19
(State or country)		'h).(0.	Where did injury occur?	(Specify city or town, county and S	2
17. INFORMANT	D. M	urphy	1.	Specify whether injury occurred	in INDUSTRY, In HOME, or in PUBLIC	PLACE.
	ande of	Epto- Wa	col. W.C.			
16.00	REMOVAL	OP A-3	1 31	Manner of injury		
Plece Plece	47-	Dete O	1900	Nature of injury		
19. UNOERTAKER 200.	Earl	ers vor	00.00	24. Was disease or injury in any	wey related to occupation of deceased?	no
(Address)	6 Pa.au	e ma	un of	If so, specify	0-7	
20. FILEO 8-31	1936 (3	D. Kerry	1. m. Van	(Signed)	- Serry	
X	.V.	/	Registrar.	(Address)	Utheska nd	

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA.

1. PLACE OF DEATH				82-0	100
County	Montg Co		*****	Registration Dist. No. 21	19
	city Gaithers		City IO 6 (M	NoSt.,	Ward number)
				Robenson S. Veteran, specify WAR	
	nce: No. Gaithe		M	d St., Cit Ward. If nonresident give city or town and	
PERSON	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 14 (Month) (Day)	, 193 (Year)
5a, If married, wido HUSBANO of (or) WIFE of	, , , , , , , ,	binson		22. I HEREBY CERTIFY, That I attended 22. Question 1, 19 3 6 to Our 1	
	(month, day, and yaar)	ct 23	T844	I tast saw h was alive on assage 14, 1936 to have occurred on the data stated abova, at 2,45 /2m.	
	9T 9	2I	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Oate of onset
9. Industry or work was SAW MI	ession, or particular Rowork done, as SPINNER, R. BOOKKEEPER, etc	tl tl	ime (years) nt in this	Other Contributory Causes of importance:	Ceng 13
12. BIRTHPLACE (c) (State or cou	city or town)Maryl-	and	************		-
(State o	Joseph (city or town)	Robinso	on	Name of operation Data of What test confirmad diagnosis? Was there an	5.
	AME Elizabe (city or town)	thWilli Md Rev	5	23. If daath was due to axternal causes (VIOLENCE) fill in also the following Accident, suicide, or homicida? Oate of injury Whera did injury occur?	,19
17. INFORMANT (Address)	Home Of Age Gaithers			(Specify city or town, county and State of Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL GREMA	HON OR REMOVALORI	alPark	g 15tH⁹-3 6	Mannar of Injury	
19. UNDERTAKER	Ernest C	Gartner althers		24. Was disease or injury In any way ralated to occupation of deceased?	no.
20. FILED Com	7. 15, 19.36 CC	reda ;	J. S. Registrar.	(Signad) Sather Carles (Address) Colleville	M.D.

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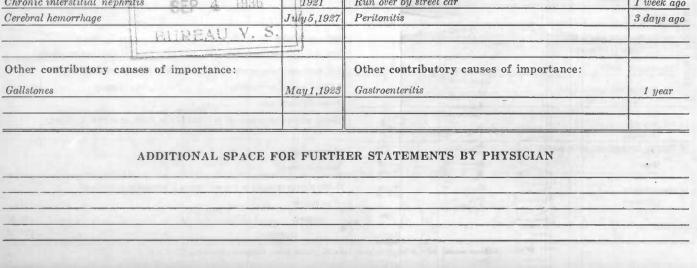
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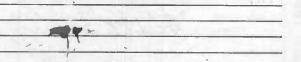
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



TION is very important. See instructions on back of certificate.

STATE	OF	MARVI	AND-	-CFRTI	FICAT	FOF	DEAT
SIAIE	OF	MAKIL	AIND	CERII	ITIOAT		DEAL

1. PLACE OF DEATH	1 1/1/11		93-50
County Montgomery			Registration Dist. No. 214
Village or City Forest	Glen		ND. St Ward
Length of residence in city or town whera	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME Sarah F.	Scaggs		If U. S. Veteran, specify WAR
	st Glen,	Md.	St., Ward.
5-50-0011 AND 6-1-1-0	(Usual place of		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATIST 3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Female White		(write tha word)	Month) (Month) (1936) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of George A.	Scaggs		22. I HEREBY CERVIFY, That I attended deceased from 21. 19.36, to and 31. 19.36
6. DATE OF BIRTH (month, day, end year)	anuary 1	5th.1849	I last saw hele alive on august to 19.36 death is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, et 3 m.
87 7	16	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence wage es follows:
8. Trada, profassion, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	Retired	1	Chronic Myo carditis Send type 1936
kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc			Certenoschioses 1930
10. Date deceased last worked at this occupetion (month and year)		me (yeers) It In this Pation	
12. BIRTHPLACE (city or town) Mary (Stete or country)	land		Other Cautributory Causes of importence:
E 13. NAME Samuel Ha	rding		· · · · · · · · · · · · · · · · · · ·
13. NAME SAMUEL Ha 14. BIRTHPLACE (city or town) (State or country)	Maryland		Nama of operation. No Date of Date of What test confirmed diagnosis? Was there an autopsy? No
当 15. MAIDEN NAME Unknown			23. If death was due to extarnal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town)	aryland		Accident, suicide, or homicida?
17 INFORMANT Mrs H. Herdy		ld.	(Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Highland, Md			Mannar of Injury
19. UNDERTAKER Werner E. P (Address) Rockvil	umphrey le, Md.	***************************************	24. Was disease or injury in any way related to occupation of daceesed? 22
20. FILED. Suppl - 2, 19 3 6 3	Bull	luy Reguirar.	(Signed) M. D. (Address) 728 Sligo Core, Lilver James
If more	blanks are needed, a	daress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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causes Date of onset
1 week ago
1 week ago
3 days ago
1 year

ADDITIONAL S	PACE F	FOR FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN	Į
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ortance:

1 year

AN

Registrar.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

(Day)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SFP 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
IDUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis SEP 5	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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ry causes of importance:

1 year

S BY PHYSICIAN

V. S. No. 1

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STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH
	O I	1414 41 4 1 1	/ 11 12	OFILITI	I C I I I	O 1	

110	113	-0	
48	1	4	1
		-65	

1. PLACE OF DEATH Management	Registration Dist. No. 2/2
Village or City Boyld	No. St Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME OMM	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que 5,1936	I lest saw h alive on 193 ; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. A.m.
I day, Bhrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate ol onset
8. Trade, profassion, or particular kind of work doma, as SPINNER, SAWYER, BOOKKEPER, etc	Born dead
9. Industry or business in which	1012 H B . Th
work was done, as SILK MILL, SAW MILL, BANK, etc	2/2 marcefron
IO. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Boyg, Md. (Stata or country)	Other Contributory Causes of importance:
E 13. NAME South T, Burdelle	
13. NAME South Durdelle 14. BIRTHPLACE (city or town) Bogg, ma	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIOEN NAME Faring J. Smith	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Faura F, Smith 16. BIRTHPLACE (city or town) Boyg, Mg (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lawry & Burdette	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	/ Manner of injury
Place houl Date lug 3, 19.3	Natura of injury
19. UNDERTAKER JO Burdelle	24. Was disease or injury In any way ralated to occupation of decaased?
20. FILED DE 1936 Mrs. C. C. Hillow Registrar.	(Signed) M. D. M.
and I f more blanks are needed, address State Registra	7, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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Exam	ple I	13 11 11	Example II	
The principal cause of death and related causes Date of inset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	SEE	c 1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUTEAU	July 5, 1927	Peritonitis	3 days ago
	BU			
Other contributory causes of i	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

The state of the s	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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0	4	0	2

1. PLACE C	OF DEATH		(42-6)	
County	Mon dos	ne ry	Registration Dist. No. 2	23
Village or	city Takoma	Park.	No. 17 Sherman avar	Ward
			death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of re	sidence in city or town where	death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs,n	nosds.
2. FULL NA	AME Unne	E. Wardel		
(a) Reside	ence: No. 17-86	erman aue	St., Ward.	
		(Usual place of abode)	If nonresident give city or town an	d State
		ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
Temale	while	Widowed	(Month) (Day)	, 193_(Ø (Yeer)
5a. If married, wido HUSBAND of	owed, or divorced	. Clilan Acel.	20 A LILED EDV CEDITIEV THAT WAS	
(or) WIFE of	Acros	y o waraco	22. I HEREBY CERTIFY. That I attended	1
		et 24-1858	Wast sew h and alive on any 20 1 19 30	,
	eers Months	Days If LESS than	to have occurred on the date steted above, 49:30 6 m.	; destii is seid
74	• 0	2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
1	17	1 N 6 or min.	were as follows:	Date of onset
8. I rade, prof	lession, or particular work done, as SPINNER,	etired	nyvender	-
9. Industry or	R, BOOKKEEPER, etc		allerio selino	- Handy
work w	as done, as SILK MILL, LL, BANK, etc		Chronic myocarditor out R	
10. Date decea	esed last worked at cupation (month and	11. Total time (years) spent in this	Duration in Indeputiles	
11113 000		occupation	0	
12. BIRTHPLACE (city or town)		Other Contributory Causes of importance:	1
(State or co		ld	1	
13. NAME	Joseph of	uralson		
E	CE city or town)	3	Name of operationDate of	
(State	or country)	nd	What test confirmed diegnosis? Wes there an	1 1
15. MAIDEN N	IAME Sarah. 1	alexander	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN N			Accident, suicide, or homicide? Date of Injury	•
State	CE (city or town)	md	Where did injury occur?	, 13
	mai Pha	[DO 1. A.	(Specify city or towo, county and St Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
17. INFORMANT (Address)	17- sherm	an our	- Spear, Michiel Injuly Securica in Habbark, in Home, of Ill Public P	LAVE.
	ATION, OR REMOVAL	9	Manner of injury	
Place W1	lmington, Del	Date Aug. 21, 19 3	Nature of injury	
	mind:	1 111.00	24. Was disease or injury in eny way related to occupation of deceased?	2
19. UNDERTAKER _ (Address) 1	300 0	n.w. Wood Be.	If so, specify	
0	21 21	No E PAROL	(Signed) Olstelle	M. D.
20. FILED	19 5 6	Registrar.	(Address) le 911 ST A	and
-		7		

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Example I	.	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 8463
1. PLACE OF DEATH	(P)
County Moneganary	Registration Dist. No.
Village or City hear () am asche	No. St., Ward
T 0-	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I ITUS W. WARFI	ELT If U. S. Veteran, specify WAR
(a) Residence: No. The an (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE CRUDIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Sarah Careen Warfier	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Que. Q. 21, 1856	I lost saw h alive on Q Y, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date steted above, at
7 Trade profession or particular	Were as follows: Date of onset 1930?
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occurrention (month and	Cerebo Colomorahan Julian
10 Oate deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city Octown) 74 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Other Contributory Causes of Importence:
13. NAME 14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME Justilia Durana	23. If death was due to external causes (NOLENCE) fill in also the following:
15. MAIDEN NAME June 300 Co.	Accident, suicide, or homicide?
17, INFORMANT Wales	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Same	
18. BURIAL, CREMATION, OR REMOVAL Place Management of Bate aug. 16, 1936	Manner of injury
19. UNDERTAKER H. M. Sandan	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED. aug. 16., 1936 Della W. Burdell Deht Registrar.	(Signed) M. M. Kendras Dayan M. D. (Address)) amascus — M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 weck ago		
July 5,1927	Peritonitis	3 days ago		
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, affiress State Registrar, 2411 N. Charles Street, Baltimore, Requesting V(S. Nd.

BINDING

FOR

RESERVED

ARGIN

-WRITE

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Example I	Example II		
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11/10/100000/00/00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
12 Aug	11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

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Example I		Example II	
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Chronic interstitial nephritis CEP 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	٨
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

21	ER	B	y	te.
MARGIN RESERVED FOR BL	A P	pa	erl	fica
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5	1	E	D	I
1	H	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.
	N. B.—WREE PLAINLY, WITH UNFADING INK-THIS IS A PER	1	-	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	S466
County Monly omery	Registration Dist. No. 218
Village or City Sachus barry 19	Mary St. Ward
Length of residence in city or town where death occurredyrs	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME ROSA Q. War	1L
1	kins
(a) Residence: No. — — — — — — — — — — — — — — — — — — —	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Fruelt Andre S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Quy 22 193 6
If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Sharles a. Duvall	22. I HEREBY CERTIFY. Thet I ettended deceased from ,1936, to
6. DATE OF BIRTH (month, day, and year) Onwary 1-1860	I last saw he aliva on My, 1926; death Is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the data stated above at 3 45 Hm.
/6 / / W ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were possible follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	culcinoma 7 less west 1936
9. Industry or business In which	ofu unquest great 765
work was done, es SILK MILL, Own home	motastolio larenono d
- Spent in fina	illours 1 Aul 1934
year) occupation occupation	Other Coutributory Causes of importenca:
12. BIRTHPLACE (city or town) Sallmore (State or country) Many fame	
E Sou O	A 1 + F 1K 1 Dt
4 14. BIRTHPLACE (city or town)	What tast confirmed diagnosis? Management Was there an autopsy?
IS MAIDEN NAME DAY LOS MANA	What tast confirmed dia nosis? ** Was there an autopsy?
15. MAIDEN NAME Anknown 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whara did Injury occur?
17. INFORMANT Jarvel J. Duvall (son)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Krusinglon-maryland	
18. BURIAL, CREMATION, OR. REMOVAL	Manner of Injury
Place To Chville Unin Date Llig 27, 1936	Natura of Injury
19. UNDERTAKER UM. Stuben Humphrey (Addrass) Rochvelle Md.	24. Was disaasa or injury in any way related to occupation of deceasad? 200
20. FILED Geig 23, 19 36 abuda & Groke Registrar.	(Signed) Uplan a normale md.
	1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

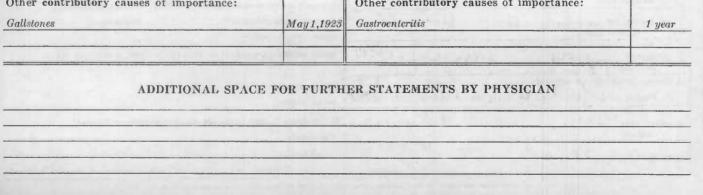
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example 11	
The principal cause of death-and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis = 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Priving	Registration Dist. No. 2/7
Village or City NZ J Olsver	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,fmgs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sudith I mag Whe	tel
(a) Residence: No. (Usual place of shode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (1) the World)	21. DATE OF DEATH Ang (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Rug 11,36	I last saw her after any 11, 1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as leftows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	July reallon manigha my 1/2
9. Industry or business in which	from Last Mescutting 1/2
work was done, as SILK MILL, SAW MILL, BANK, etc.	The state of the s
- Spoilt in this	
2 12	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) M , DF VILLY (State or county)	
13. NAME Jours Whelsel	
13. NAME OUR STREET	Name of operation
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MYTTE Edua DOVE 16. BIRTHPLACE (city or nown) Callelly, S	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT ANGLE MAN (Address) Olivey may	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Red Oate Cly of 20., 1936	Nature of injury
19. UNDERTAKER AND W. Garber (Address) allonswille ma.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED ang 14, 1936 C. S. Barnsly.	(Signed) Leage M. Josses M. D. (Address) Dameseus M. D.
If more blanks are needed, address State Resistrar.	2411 N. Charles Street, Ballimore, Requesting T. S. No. 1

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1.	10	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
Accounts on the Contract of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIANS should state Exact statement WITH UNFADING INK-THIS IS A PERMANENT properly classified. TARGIN RESERVED FOR BINDING mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

-WRITE PLA

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

AD. Every item of infor-

of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Mantgamery	Registration Dist. No. 223
Village or City Takoma Park	No. Washington Sanitarium Hospital Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	23ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. William Wicklin	If U. S. Veteran, specify WAR
(a) Residence: No. 627 Dahlia St (Usual place of abode)	St., N. W Ward. Takoma Park. Mary land If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married widowed or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (et) WIFEO Mrs. Mary Wicklin.	22. I HEREBY CERTIFY, That I attended deceased from 5 UNE 23 1936, to Quay 45 15 1936
6. DATE OF BIRTH (month, day, and year) March 29-1880	I last saw him alive on august 15-0, 1936; death is said
7. AGE Yeers Months Days If LESS than	to heve occurred on the date stated above, at m.
56 4 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in this second in the se	Cerebral Jumorshages Just's
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 40 yrs	Other Confributory Causes of importance:
12. BFRTHPLACE (city or town) Gallimore (State or country) Mary land.	Happinton
# 13. NAME Henry Wicklin.	VV
14. BIRTHPLACE (city or town) Baltimore (State or country) mary land	Name of operation. Date of
15. MAIDEN NAME Margaret horber.	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mayaret horber. 16. BIRTHPLACE (city or town) Battimore	Accident, suicide, or homicide?Date of Injury19
(State or country) maryland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Sanitarium Records. (Address) Takoma Park, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Cent.	Manner of injury
Place Moredat Hell Date aug 20, 19.36	Nature of injury
19. UNDERTAKER James J. Ryan Ing	24. Was disease or injury in any way related to occupation of deceased?
(Address) 317 Penny. Aug.	if so, specify
20. FILED aug 17, 19 36 26. 6. Rogers.	(Signed) M. M. D. (Address) U. 3. Carroll M. Takoma (h. D.C.
Registrar.	(vontess) 13. 21. Tench of the Children's tench of the Control of

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EAU		AU SI	
		AREA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

(Address)

Registrar.

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